## How do you make a claim?

All approved hospitals and more than 90 percent of the physicians in Ontario now bill OHIP directly and accept the Plan's payment for insured services as payment in full.

If, however, your doctor has chosen to bill you directly, he will complete a "pay subscriber" claim card, which will be forwarded to your OHIP district office either by your doctor or yourself. In such cases, you will be responsible for paying any difference between the amount allowed by the Plan and the amount charged by your doctor.



# What happens if you are treated outside Ontario?

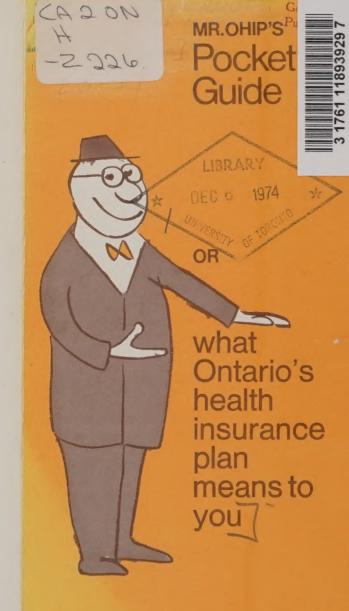
If you have an accident or a sudden illness outside Ontario, you will be covered under the Plan for necessary services.

OHIP will make payment for any acceptable hospital or physicians' services outside Ontario, usually at a rate not exceeding that paid in Ontario itself. In most cases, you will find it necessary to pay the hospital or physician and then obtain reimbursement from OHIP when you return.

For further details of coverage outside Ontario, consult the Travellers' Guide to the Ontario Health Insurance Plan, available from your local OHIP district office or the Communications Branch, Ministry of Health, Queen's Park, Toronto, Ontario, M7A 1S2.



Once an OHIP identification card is issued to you, you should carry it with you at all times. It is important to show it to your doctor, practitioner, or hospital when you need medical attention. You should quote your OHIP number whenever you write to OHIP. Also, remember to quote your OHIP number to your new employer when you change your job.





Ministry of

Health

Hon. Frank S. Miller Minister

74-2393T/8/74/25M

### What is OHIP?

OHIP (the Ontario Health Insurance Plan) is a health insurance plan administered by the provincial government for all residents of Ontario. It's a kind of pool or fund we all contribute to, when we can. Our OHIP premiums pay about 28 per cent of the cost of the services; the rest of the money comes from taxes collected by the provincial and federal governments.

One way or another we all benefit. When we're sick and need health services, our bills are paid by OHIP. And if we're lucky enough not to be sick at the moment, the money we've put into the pool helps provide services for someone else who needs them.

OHIP is a kind of pay office that registers everyone's claims and pays for the doctors and hospitals that provide the service.



# Why do you need OHIP?

Most of us get sick or have an accident at one time or another, usually when we're least prepared for it. Serious illness could cripple you financially for years to come and, in fact, is known to do so in countries that don't have public health insurance.

So OHIP is Ontario's way of providing health care any time that it's needed. It pays entirely, or in part, day-to-day medical expenses and, most important, helps look after the disaster that no one expects. It's a way of ensuring that we all have money in the "pot" to pay our health bills.



OHIP provides a wide range of benefits for medical and hospital services, plus benefits for the services of certain other health practitioners. The Plan pays 90 per cent of the schedule of fees set by the Ontario Medical Association for

 physicians' services at home, in the physician's office, or in hospital.

Other benefits include payments for:

- standard ward accommodation in hospital
- diagnostic x-rays
- laboratory services and clinical pathology when ordered by a physician
- · drugs required in hospital
- · use of operating and delivery rooms
- radiotherapy

Payment is also made, up to certain maximum amounts, for the following:

chiropractic, osteopathic and chiropodist services

In addition, the Plan makes payments, in full or in part, for other approved services such as:

- · eye examinations by an optometrist
- · occupational therapy
- physiotherapy
- speech therapy
- nursing and medical care in nursing homes and homes for the aged
- home care
- ambulance
- · certain dental surgery in hospitals.

# How do you enrol in OHIP?

Any resident of Ontario is eligible for benefits through OHIP. But OHIP doesn't come to you automatically, as some people think. It's up to you to apply for coverage.

When you take up residence in Ontario, or when you cease to be covered under your parents' OHIP coverage because you have reached age 21, have married or have become self-supporting, you should apply to OHIP for coverage, either through your

employer group or as an individual.

Participation in OHIP is on a "Group" or "Non-Group" basis. The majority of people will have deductions made through their place of work, where the employer will enrol employees as a group.

Group enrolment is also available to organizations such as professional groups, associations, farm groups and co-operatives.

As an individual not connected with a group, you can obtain an application at any bank, hospital, or OHIP district office, enrol directly with OHIP, and pay your premiums on a quarterly basis.



#### What will OHIP cost?

OHIP costs a single subscriber with no dependents \$11 a month, while a whole family (husband, wife and any other eligible dependents) is covered for \$22 a month.

When you or your spouse reach 65 (and have resided in Ontario for 12 months), you will continue to be covered without further payment if you notify OHIP that you are now 65. But remember, you must notify OHIP. If you stop paying premiums without notification, you may find in an emergency that you are not covered.

If you are unable to pay the premium because of illness, unemployment or other financial hardship, you can receive premium assistance – but you must apply to OHIP for help. If you qualify, your premiums will be paid, totally or partially, by the government until such time as you are again able to make payments yourself.

The Ontario Health Insurance Plan is an insurance for everyone. Whatever your age or financial status, you are eligible for benefits. But it's up to you, as one of 8 million Ontario residents, to make yourself known to OHIP.